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CONFIRMATION NO. 4455

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/643,627 | <b>FILING OR 371(c) DATE</b><br>08/19/2003<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1636 | <b>ATTORNEY DOCKET NO.</b><br>MPI93-006CP1DV1ACN1DV1M |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *OK* *jr*  
 This application is a DIV of 10/127,691 04/23/2002 ABN which is a CON of 08/474,414 06/07/1995 ABN  
 which is a DIV of 08/390,301 01/25/1995 ABN  
 which is a CIP of 08/097,938 07/26/1993 PAT 5,629,174

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None* *jr*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/29/2004**

|  |   |                            |                      |                    |                         |
|--|---|----------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br><i>David Sings</i><br>Examiner's Signature | STATE OR COUNTRY<br>SWEDEN | SHEETS DRAWING<br>16 | TOTAL CLAIMS<br>17 | INDEPENDENT CLAIMS<br>3 |
|--|---|----------------------------|----------------------|--------------------|-------------------------|

**ADDRESS**  
50446

**TITLE**  
Recombinant C140 receptor, its agonists and antagonists, and nucleic acids encoding the receptor

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1430 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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